

## Application Data Sheet

### Application Information

**Application number:**  
**Filing Date:**  
**Application Type:** Regular  
**Subject Matter:** Utility  
**Suggested Classification:**  
**Suggested Group Art Unit:**  
**CD-ROM or CD-R:** None  
**Number of CD Disks:**  
**Number of copies of CDs:**  
**Sequence Submission?**  
**Computer Readable Form (CRF)?**  
**Number of Copies of CFR:**  
**Title:** DELIVERY OF OPHTHALMIC LENSES  
**Attorney Docket Number:** THOM-0040  
**Request for Early Publication:** No  
**Request for Non-Publication:** No  
**Suggested Drawing Figure:** 14  
**Total Drawing Sheets:** 10  
**Small Entity?:** Yes  
**Latin name:**  
**Variety denomination name:**  
**Petition included?:** No  
**Petition Type:**  
**Licensed US Govt. Agency:**  
**Contract or Grant Numbers:**  
**Secrecy Order in Parent Appl.?:**

### Applicant Information

**Applicant Authority Type:** Inventor

**Primary Citizenship Country:** UNITED KINGDOM  
**Status:** Full Capacity  
**Given Name:** Terence  
**Middle Name:** Arnold  
**Family Name:** Waldock  
**Name Suffix:**  
**City of Residence:** Meppershall  
**State or Province of Residence:** Bedfordshire  
**Country of Residence:** United Kingdom  
**Street of mailing address:** The Manor House, Church Road  
**City of mailing address:** Meppershall  
**State or Province of mailing address:** Bedfordshire  
**Country of mailing address:** United Kingdom  
**Postal or Zip Code of mailing address:** SG17 5NA

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	United Kingdom
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Stephen
<b>Middle Name:</b>	Paul
<b>Family Name:</b>	Woods
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Atlanta
<b>State or Province of Residence:</b>	Georgia
<b>Country of Residence:</b>	United States of America
<b>Street of mailing address:</b>	Sheridan Walk
<b>City of mailing address:</b>	Atlanta
<b>State or Province of mailing address:</b>	Georgia
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	30324

## Correspondence Information

**Correspondence Customer No.:** 23377  
**Name:**  
**Street of Mailing Address:**

**City of Mailing Address:**

**State or Province of Mailing Address:**

**Country of Mailing Address:**

**Postal or Zip Code of Mailing  
Address:**

**Phone number:**

**Fax number:**

## **Representative Information**

**Representative Customer No.:** 23377

## **Domestic Priority Information**

**Application:**      **Continuity Type:**      **Parent Application:**      **Parent Filing Date:**

## **Foreign Priority Information**

<b>Country:</b>	<b>Application No.:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>
United Kingdom	0217491.0	July 29, 2002	Yes
United Kingdom	0226677.3	November 15, 2002	Yes

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## **Assignee Information**

**Assignee name:**

**Street of mailing address:**

**City of mailing address:**

**State or Province of mailing address:**

**Country of mailing address:**

**Postal or Zip Code of mailing address:**